Received by OCD: 3/18/2021 8:44:14 AM District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico Energy Minerals and Natural Resources

> Department Oil Conservation Division 1220 South St. Francis Dr.

Santa Fe, NM 87505

July 21, 2008 For temporary pits, closed-loop sytems, and below-grade tanks, submit to the appropriate NMOCD District Office.

For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the

appropriate NMOCD District Office.

Pit, Closed-Loop System, Below-Grade Tank, or Proposed Alternative Method Permit or Closure Plan Application

X Permit of a pit, closed-loop system, below-grade tank, or proposed alternative method Type of action: Closure of a pit, closed-loop system, below-grade tank, or proposed alternative method Modification to an existing permit BGT 1 Closure plan only submitted for an existing permitted or non-permitted pit, closed-loop system, below-grade tank, or proposed alternative method

Instructions: Please submit one application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative request

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the

| 1                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator: Burlington Resources Oil & Gas Company, LP OGRID#: 14538                                                                                                                                                                                                                                                                                                          |
| Address: PO Box 4289, Farmington, NM 87499                                                                                                                                                                                                                                                                                                                                  |
| Facility or well name: SAN JUAN 30-6 UNIT 144                                                                                                                                                                                                                                                                                                                               |
| API Number: OCD Permit Number:                                                                                                                                                                                                                                                                                                                                              |
| U/L or Qtr/Qtr: M Section: 27 Township: 30N Range: 7W County: Rio Arriba                                                                                                                                                                                                                                                                                                    |
| Center of Proposed Design: Latitude: 36.77864°N Longitude: -107.56395°W NAD: X 1927 1983                                                                                                                                                                                                                                                                                    |
| Surface Owner: X Federal Private Tribal Trust or Indian Allotment                                                                                                                                                                                                                                                                                                           |
| Pit: Subsection F or G of 19.15.17.11 NMAC  Temporary: Drilling Workover  Permanent Emergency Cavitation P&A  Lined Unlined Liner type: Thickness mil LLDPE HDPE PVC Other  String-Reinforced  Liner Seams: Welded Factory Other Volume: bbl Dimensions Language PVC                                                                                                        |
| volume to Dimensions L x W x D                                                                                                                                                                                                                                                                                                                                              |
| Closed-loop System: Subsection H of 19.15.17.11 NMAC  Type of Operation: P&A Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)  Drying Pad Above Ground Steel Tanks Haul-off Bins Other  Lined Unlined Liner type: Thickness mil LLDPE HDPE PVD Other  Liner Seams: Welded Factory Other        |
| X Below-grade tank: Subsection I of 19.15.17.11 NMAC  Volume: 120 bbl Type of fluid: Produced Water  Tank Construction material: Metal  Secondary containment with leak detection X Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off  Visible sidewalls and liner Visible sidewalls only Other  Liner Type: Thickness mil HDPE PVC X Other Unspecified |
| Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.                                                                                                                                                                                                                      |

Form C-144

Oil Conservation Division

12/22/2003

Page 1 of 5

| yed by OCD: 3/18/2021 8:44:14 AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | — Page 2      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|
| Fencing: Subsection D of 19.15.17.11 NMAC (/ to permanent pit, temporary pits, and below-grade tanks)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |               |
| Chain link, six feet in height, two strands of barbed wire at top (Required if located within 1000 feet of a permanent residence, school, hospital,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |               |
| Four foot height, four strands of barbed wire evenly spaced between one and four feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | institution or  | church)       |
| X Alternate. Please specify 4' hog wire fencing topped with two strands barbed wire.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | 1000 000 000  |
| 7 (All Proposition of the Control of |                 | reprile de    |
| Netting: Subsection E of 19.15.17.11 NMAC (Applies to permanent pits and permanent open top tanks)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | Lichten Leine |
| X Screen Netting Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |               |
| Monthly inspections (If netting or screening is not physically feasible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |               |
| Signs: Subsection C of 19.15.17.11 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |               |
| 12" X 24". 2" lettering, providing Operator's name, site location, and emergency telephone numbers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |               |
| X Signed in compliance with 19.15.3.103 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |               |
| Administrative Approvals and Exceptions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |               |
| Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance.  Please check a box if one or more of the following is requested, if not leave blank:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |               |
| X Administrative approval(s): Requests must be submitted to the appropriate division district of the Santa Fe Environmental Bureau office for conference (Fencing/BGT Liner)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | nate l        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | onsideration of | approval.     |
| Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |               |
| Siting Criteria (regarding permitting): 19.15.17.10 NMAC  Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau Office for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |               |
| consideration of approval. Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to drying pads or above grade-tanks associated with a closed-loop system.  Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |               |
| - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes             | XNo           |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other watercourse, lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).  - Topographic map; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes             | XNo           |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes             | XNo           |
| (Applies to temporary, emergency, or cavitation pits and below-grade tanks)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I INA           |               |
| <ul> <li>Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |               |
| Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ∏Yes            | По            |
| (Applied to permanent pits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | XNA             |               |
| - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |               |
| Within 500 horizonal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes             | XNo           |
| - NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |               |
| Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes             | XNo           |
| <ul> <li>Written confirmation or verification from the municipality; Written approval obtained from the municipality</li> <li>Within 500 feet of a wetland.</li> <li>US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes             | XNo           |
| Within the area overlying a subsurface mine.  - Written confirmation or verification or map from the NM EMNRD - Mining and Mineral Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes             | XNo           |
| Within an unstable area.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |               |
| - Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes             | X No          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |               |

Oil Conservation Division

| Temporary Pits, Emergency Pits and Be cade Tanks Permit Application Attachment Checklist. Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19 15 17 9 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19.15.17.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| X Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| X Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| X Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 19.15.17.9 NMAC and 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Previously Approved Design (attach copy of design)  API  or Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC  Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.  Geologic and Hydrogeologic Pata (only for on eith please)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Solving and Try diogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15.17.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19.15.17.10 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19.15.17.9  NMAC and 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Previously Approved Design (attach copy of design)  API                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Previously Approved Operating and Maintenance Plan API                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Permanent Pits Permit Application Checklist: Subsection B of 19.15.17.9 NMAC  Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.  Hydrogeologic Report - based upon the requirements of Paragraph (I) of Subsection B of 19.15.17.19 NMAC  Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC  Climatological Factors Assessment  Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC  Dike Protection and Structural Integrity Design: based upon the appropriate requirements of 19.15.17.11 NMAC  Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC  Liner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC  Quality Control/Quality Assurance Construction and Installation Plan  Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC  Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC  Nuisance or Hazardous Odors, including H2S, Prevention Plan  Emergency Response Plan  Oil Field Waste Stream Characterization  Monitoring and Inspection Plan  Erosion Control Plan |
| Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Proposed Closure: 19.15.17.13 NMAC Instructions: Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan.  Type: Drilling Workover Emergency Cavitation P&A Permanent Pit X Below-grade Tank Closed-loop System Alternative  Proposed Closure Method: X Waste Excavation and Removal (Below-Grade Tank)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Waste Removal (Closed-loop systems only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| On-site Closure Method (only for temporary pits and closed-loop systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| In-place Burial On-site Trench                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for consideration)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Waste Excavation and Removal Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the closure plan.    Please indicate, by a check mark in the box, that the documents are attached.   Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC   X Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC   X Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings)   X Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC   X Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| X Site Reclamation Plan - based upon the appropriate requirements of Subsection 1 of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| X Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Instructions: Please identify the facility or facilities for the disposal of liquids de-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d Steel Tanks or Haul-off Bins Only: (19 15 17 13 D NMAG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | '                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Instructions: Please identify the facility or facilities for the disposal of liquids, dri<br>are required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | illing fluids and drill cuttings. Use attachment if more than tw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | o facilities                                                                   |
| Disposal Facility Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Disposal Facility Permit #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                |
| Disposal Facility Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |
| Will any of the proposed closed-loop system operations and associated acti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the state of the s | e service and operations?                                                      |
| Required for impacted areas which will not be used for future service and operati  Soil Backfill and Cover Design Specification - based upon the appro  Re-vegetation Plan - based upon the appropriate requirements of Su  Site Reclamation Plan - based upon the appropriate requirements of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | opriate requirements of Subsection H of 19.15.17.13 NM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IAC                                                                            |
| Siting Criteria (Regarding on-site closure methods only: 19.15.17.10 NI Instructions: Each siting criteria requires a demonstration of compliance in the closure placetrain sating criteria may require administrative approval from the appropriate district of for consideration of approval. Justifications and/or demonstrations of equivalency are required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | an. Recommendations of acceptable source material are provided by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | elow. Requests regarding changes to<br>he Santa Fe Environmental Bureau office |
| Ground water is less than 50 feet below the bottom of the buried waste.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes No                                                                         |
| - NM Office of the State Engineer - iWATERS database search; USGS: Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □N/A                                                                           |
| Ground water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the bottom of the buried water is between 50 and 100 feet below the buried water is between 50 and 100 feet below the buried water is between 50 and 100 feet below the buried water is between 50 and 100 feet below the buried water is between 50 and 100 feet below the buried water is between 50 and 100 feet below the buried water is below the buried water is below to be a buried water is buried w |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes No                                                                         |
| - NM Office of the State Engineer - iWATERS database search; USGS; Data of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N/A                                                                            |
| Ground water is more than 100 feet below the bottom of the buried waste.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes No                                                                         |
| - NM Office of the State Engineer - iWATERS database search; USGS; Data of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A                                                                            |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other sign (measured from the ordinary high-water mark).  - Topographic map; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nificant watercourse or lakebed, sinkhole, or playa lake                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes No                                                                         |
| Within 300 feet from a permanent residence, school, hospital, institution, or church                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |
| Visual inspection (certification) of the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementations are stated in the proposed site; Aerial photo: satellite implementation are stated in the proposed site; Aerial photo: s      | in existence at the time of initial application.  age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes No                                                                         |
| Within 500 horizontal feet of a private, domestic fresh water well or spring that less purposes, or within 1000 horizontal fee of any other fresh water well or spring, in ex - NM Office of the State Engineer - iWATERS database; Visual inspection (cert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Vistence at the time of the initial and lines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes No                                                                         |
| Within incorporated municipal boundaries or within a defined municipal fresh water pursuant to NMSA 1978, Section 3-27-3, as amended.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | r well field covered under a municipal ordinance adopted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes No                                                                         |
| <ul> <li>Written confirmation or verification from the municipality; Written approval of<br/>Within 500 feet of a wetland</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | obtained from the municipality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |
| - US Fish and Wildlife Wetland Identification map; Topographic map; Visual in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | aspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes No                                                                         |
| Within the area overlying a subsurface mine.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □Yes □No                                                                       |
| <ul> <li>Written confiramtion or verification or map from the NM EMNRD-Mining and<br/>Within an unstable area.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 Mineral Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |
| - Engineering measures incorporated into the design; NM Bureau of Geology & Topographic map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mineral Resources; USGS; NM Geological Society;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes No                                                                         |
| Within a 100-year floodplain FEMA map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes No                                                                         |
| On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each by a check mark in the box, that the documents are attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | h of the following items must bee attached to the closur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e plan. Please indicate,                                                       |
| Siting Criteria Compliance Demonstrations - based upon the appropria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ite requirements of 19.15.17.10 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 71.30                                                                          |
| Proof of Surface Owner Notice - based upon the appropriate requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ents of Subsection F of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |
| Construction/Design Plan of Burial Trench (if applicable) based upon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the appropriate requirements of 19.15.17.11 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |
| Construction/Design Plan of Temporary Pit (for in place burial of a dry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ring pad) - based upon the appropriate requirements of 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | .15.17.11 NMAC                                                                 |
| Protocols and Procedures - based upon the appropriate requirements of  Confirmation Sampling Plan (if applicable) - based upon the appropriat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | te requirements of Subsection E as 10 to 17 to 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |
| Waste Material Sampling Plan - based upon the appropriate requiremen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ats of Subsection F of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 1 20 5 1                                                                     |
| Disposal Facility Name and Permit Number (for liquids, drilling fluids a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and drill cuttings or in case on-site closure standards can                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10t he achieved                                                                |
| Soli Cover Design - based upon the appropriate requirements of Subsec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ction H of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | iot de achieved)                                                               |
| Re-vegetation Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate requirements of Subsection Plan - based upon the appropriate Plan - ba | ction I of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                |

| Operator Application C                                                                             | artification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                                                                                              |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                    | rmation submitted with this application is true, acc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | curate and complete to the                                              | best of my knowledge and belief                                                                                                              |
| Name (Print):                                                                                      | Crystal Fafoya                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Title:                                                                  | Regulatory Technician                                                                                                                        |
| Signature:                                                                                         | Cystel Talaya                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date:                                                                   | 12/22/2008                                                                                                                                   |
| e mail address:                                                                                    | on, stall tallova of conocopnillips.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Telephone:                                                              | 505-326-9837                                                                                                                                 |
| 30, 430                                                                                            | A CONTROL OF THE PROPERTY OF T |                                                                         |                                                                                                                                              |
| 20                                                                                                 | March March Color of the State  |                                                                         |                                                                                                                                              |
| OCD Approval:                                                                                      | rmit Application (including closure plan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Closure Plan (only)                                                     | OCD Conditions (see attachment)                                                                                                              |
| OCD Representative Sig                                                                             | nature: CRWhitehea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ed                                                                      | Approval Date: August 9, 2021                                                                                                                |
| Title: Enviro                                                                                      | onmental Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OCD Pern                                                                | nit Number: BGT 1                                                                                                                            |
| report is required to be subm.                                                                     | d within 60 days of closure completion): Sub-<br>equired to obtain an approved closure plan prior t<br>itted to the division within 60 days of the completion<br>ten obtained and the closure activities have been con-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | to implementing any closu<br>on of the closure activitie:<br>completed. | tre activities and submitting the closure report. The closure s. Please do not complete this section of the form until an c Completion Date: |
|                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Closure                                                                 | Completion Date:                                                                                                                             |
|                                                                                                    | d Removal On-site Closure Method oved plan, please explain.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Alternative Closure                                                     | Method Waste Removal (Closed-loop systems only)                                                                                              |
| 23 <u>Closure Report Regarding V</u> Instructions: Please identify were utilized.                  | Naste Removal Closure For Closed-loop Systems the facility or facilities for where the liquids, drill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s That Utilize Above Gre<br>ling fluids and drill cuttin                | ound Steel Tanks or Haul-off Bins Only:  1928 were disposed. Use attachment if more than two facilities                                      |
| Disposal Facility Name:                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Disposal Facility I                                                     | Permit Number:                                                                                                                               |
| Disposal Facility Name:                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Disposal Facility I                                                     | Permit Number                                                                                                                                |
| Were the closed-loop syste                                                                         | m operations and associated activities performed of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | on or in areas that will not                                            | be used for future service and opeartions?                                                                                                   |
| Required for impacted area Site Reclamation (Pho                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _No<br>erations:                                                        |                                                                                                                                              |
| 24 Closure Report Attachr the box, that the document.                                              | nent Checklist: Instructions: Each of the follo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | wing items must be attack                                               | ned to the closure report. Please indicate, by a check mark in                                                                               |
|                                                                                                    | ice (surface owner and division)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                                              |
|                                                                                                    | e (required for on-site closure)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                                              |
|                                                                                                    | closures and temporary pits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                                                                                                              |
| Confirmation Samplin                                                                               | ng Analytical Results (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | Ŧ.                                                                                                                                           |
|                                                                                                    | ling Analytical Results (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                                                                                                                                              |
|                                                                                                    | ne and Permit Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                                                                                                                                              |
| Soil Backfilling and C                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                                                                                                              |
|                                                                                                    | ation Rates and Seeding Technique                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                                                                              |
| Site Reclamation (Pho                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                                                                                                              |
| On-site Closure Locat                                                                              | ion: Latitude:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Longitude:                                                              | NAD 1927 1983                                                                                                                                |
| 5                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                                                                                                              |
| perator Closure Certifical<br>hereby certify that the informa-<br>he closure complies with all app |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eport is ture, accurate and<br>ified in the approved closu              | complete to the best of my knowledge and belief. I also certify that                                                                         |
| ame (Print):                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title:                                                                  |                                                                                                                                              |
| ignature:                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date:                                                                   |                                                                                                                                              |
| mail address:                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Telephone:                                                              |                                                                                                                                              |
|                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                                                                                                              |

Ferm C-144

Oil Conservation Division

Pige 5 (15

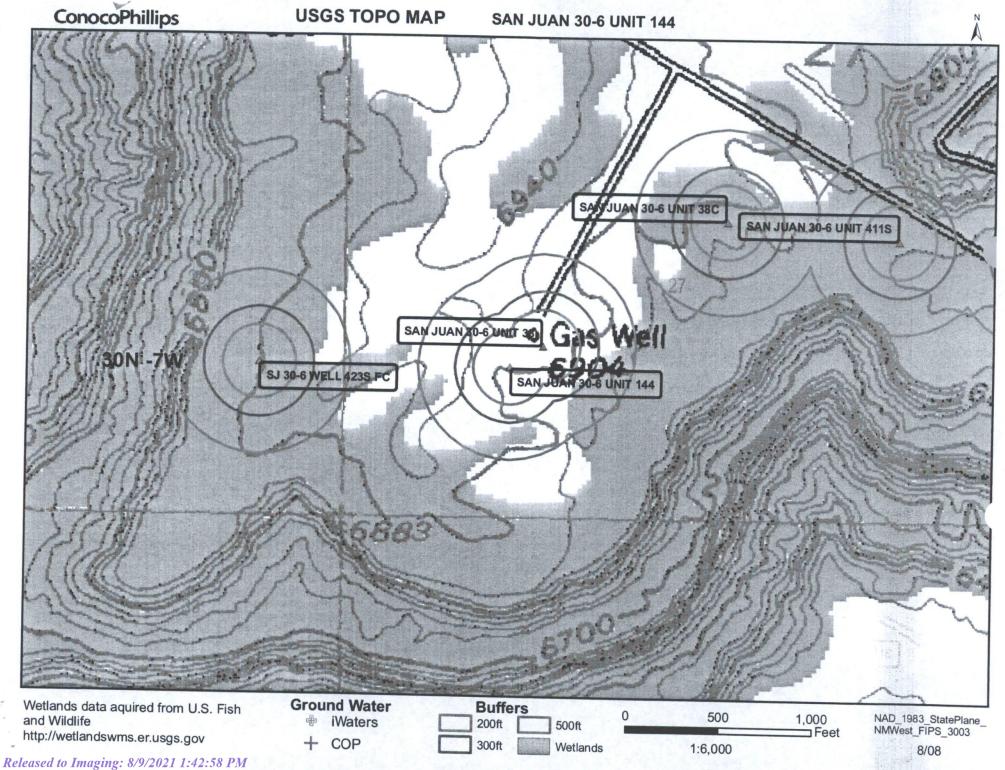
## New Mexico Office of the State Engineer POD Reports and Downloads

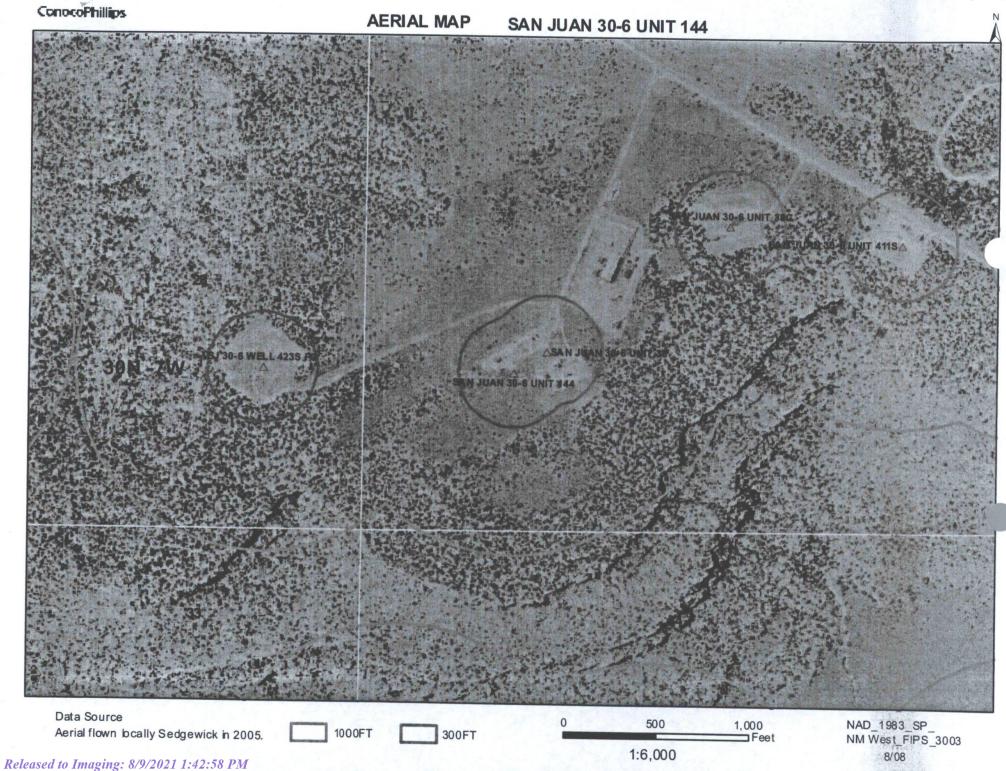
| NAD27 X: Y                | Zone: Search Radius:                          |
|---------------------------|-----------------------------------------------|
| County: Basin:            | Number: Suffix:                               |
| Owner Name: (First)       | (Last) C Non-Domestic C Domestic C A          |
| POD / Surface Data Report | Avg Depth to Water Report Water Column Report |

### WATER COLUMN REPORT 08/21/2008

|               | (quarter | s ar | e 1=<br>e bi | NW<br>gge | 2=1<br>est | NE : | 3=SW<br>smal | 4=SE)<br>lest) |         | Depth | Depth | Water  | lin   | foot  |
|---------------|----------|------|--------------|-----------|------------|------|--------------|----------------|---------|-------|-------|--------|-------|-------|
| POD Number    | Tws      | Rng  | Sec          | q         | q o        | a    | Zone         | x              | Y       | Well  | Water | Column | ( 111 | reet) |
| SJ 02698      | 3 ON     | 07W  | 15           | 3         | 1          |      |              |                |         | 402   | 255   | 147    |       |       |
| SJ 02366      | 3 ON     | 07W  | 15           | 3         | 1          |      | C            | 114800         | 2117300 | 345   | 225   | 120    |       |       |
| SJ 03640      | 30N      | 07W  | 15           | 3         | 1 1        | 1    |              |                |         | 433   | 241   | _      |       |       |
| SJ 00837      | 30N      | 07W  | 17           | 4         | 4          |      |              |                |         | 400   | 241   | 192    |       |       |
| SJ 03385      | 30N      | 07W  | 17           | 4         | 4 4        | 1    |              |                |         | 520   | 1.00  | 6.0    |       |       |
| SJ 03006      | 30N      | 07W  | 24           | 1         | 3 3        | 3    |              |                |         |       | 460   | 60     |       |       |
| SJ 03082      | 30N      | 07W  |              | 3         | 1 1        |      |              |                |         | 100   |       |        |       |       |
| SJ 03485      | 30N      |      | 24           | 3         | 1 1        |      |              |                |         | 98    | 61    | 37     |       |       |
| SJ 02818      | 30N      |      | 24           | 3         | 1 2        | )    |              |                |         | 126   | 60    | 66     |       |       |
| SJ 03773 POD1 | 30N      |      | 24           | 3         | 1 2        | )    |              | 126620         | 0110000 | 86    | 42    | 44     |       |       |
| SJ 03053      | 30N      |      | 24           | 2         | 1 1        |      |              | 126639         | 2112238 | 120   | 70    | 50     |       |       |
| SJ 03075      | 30N      |      | 25           | _         | 4 4        | t    |              |                |         | 200   |       |        |       |       |
| SJ 03774 POD1 |          |      |              |           | 2 1        | -    |              |                |         | 165   | 78    | 87     |       |       |
| SJ 02983      | 30N      |      | 25           |           | 3 3        |      |              | 126554         | 2107670 | 300   | 220   | 80     |       |       |
|               | 30N      |      | 25           | -         | 4 3        |      |              |                |         | 262   | 40    | 222    |       |       |
| SJ 00035      | 30N      |      | 33           | 4         | 2 2        |      |              |                |         | 547   | 467   | 80     |       |       |
| SJ 03301      | 30N      | 07W  | 34           | 4         | 4 4        |      |              |                |         | 21    | 10    | 11     |       |       |

Record Count: 16

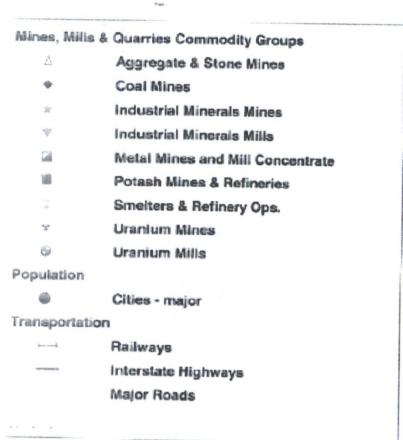


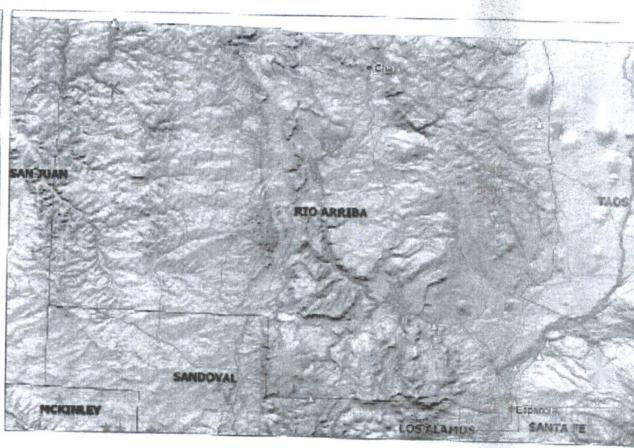


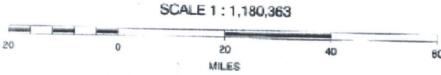
## Mines, Mills and Quarries Web Map

SAN JUAN 30-6 UNIT 144

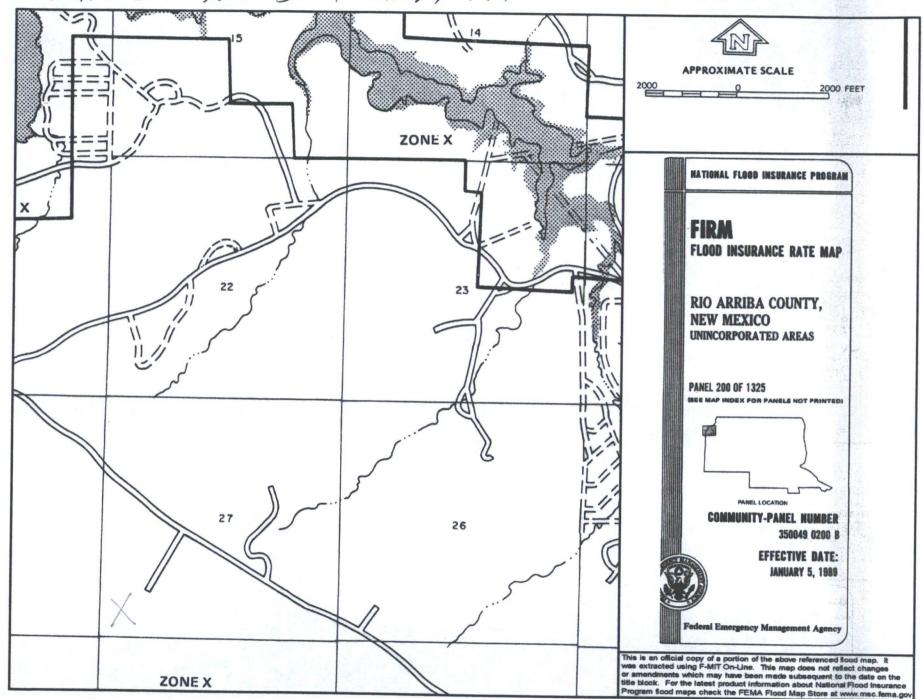
Unit Letter: M, Section: 27, Town: 030N, Range: 007W











### **SAN JUAN 30-6 UNIT 144**

Site Specific Hydrogeology

A visual site inspection confirming the information contained herein was performed on the well 'SAN JUAN' 30-6 UNIT 144', which is located at 36.77864 degrees North latitude and 107.56395 degrees West longitude. This location is located on the Navajo Dam 7.5' USGS topographic quadrangle. This location is in section 27 of Township 30 North Range 7 West of the Public Land Survey System (New Mexico Principal Meridian). This location is located in Rio Arriba County, New Mexico. The nearest town is Turley, located 12.2 miles to the west. The nearest large town (population greater than 10,000) is Farmington, located 35.7 miles to the west (National Atlas). The nearest highway is State Highway 539, located 2.4 miles to the southwest. The location is on BLM land and is 843 feet from the edge of the parcel as notated in the BLM land status layer updated January 2008. This location is in the Upper San Juan. Colorado. New Mexico, Sub-basin. This location is located 2114 meters or 6933 feet above sea level and receives 14.5 inches of rain each year. The vegetation at this location is classified as Colorado Plateau Pinion-Juniper Woodland as per the Southwest Regional Gap Analysis Program.

The estimated depth to ground water at this point is 521 feet. This estimation is based on the data published on the New Mexico Engineer's iWaters Database website and water depth data from ConocoPhillips' Cathodic wells. Groundwater data available from the NM State Engineer's iWaters Database for wells near the proposed site are attached. The nearest stream is 3,212 feet to the southeast and is classified by the USGS as an intermittent stream. The nearest perrenial stream is 4,044 feet to the south. The nearest water body is 4,040 feet to the south. It is classified by the USGS as a perennial lake and is 0.2 acres in size. The nearest spring is 22,504 feet to the west. All stream, river, water body and spring information was determined as per the USGS Hydrographic Dataset (High Resolution), downloaded 3/2008. The nearest water well is 1,535 feet to the west. The nearest wetland is a 0.2 acre other located 6,824 feet to the west. The slope at this location is 3 degrees to the southeast as calculated from USGS 30M National Elevation Dataset. This information is also discerned from the aerial and topographic map included. The surface geology at this location is SAN JOSE FORMATION -- Siltstone, shale, and sandstone with a Sandstone dominated formations of all ages substrate. The soil at this location is 'Orlie fine sandy loam, 1 to 8 percent slopes' and is well drained and not hydric with moderate erosion potential as taken from the NRCS SSURGO map unit, downloaded January 2008. The nearest underground mine is 13.3 miles to the east as indicated on the Mines, Mills and Quarries Map of New Mexico provided.

#### Regional Hydrogeological context:

The San Jose Formation of Eocene age occurs in New Mexico and Colorado, and its outcrop forms the land surface over much of the eastern half of the central basin. It overlies the Nacimiento Formation in the area generally south of the Colorado-New Mexico State line and overlies the Animas Formation in the area generally north of the State line. The San Jose Formation was deposited in various fluvial-type environments. In general, the unit consists of an interbedded sequence of sandstone, siltstone, and variegated shale. Thickness of the San Jose Formation generally increases from west to east (200 feet in the west and south to almost 2,700 feet in the center of the structural basin). Ground water is associated with alluvial and fluvial sandstone aquifers. Thus, the occurrence of ground water is mainly controlled by the distribution of sandstone in the formation. The distribution of such sandstone is the result of original depositional extent plus any post-depositional modifications, namely erosion and structural deformation. Transmissivity data for San Jose Formation are minimal. Values of 40 and 120 feet squared per day were determined from two aquifer tests (Stone et al, 1983, table 5). The reported or measured discharge from 46 water wells completed in San Jose Formation ranges from 0.15 to 61 gallons per minute and the median is 5 gallons per minute. Most of the wells provide water for livestock and domestic use. The San Jose Formation is a very suitable unit for recharge from precipitation because soils that form on the unit are sandy and highly permeable and therefore readily adsorb precipitation. However, low annual precipitation, relatively high transpiration and evaporation rates, and deep dissection of the San Jose Formation by the San Juan River and its tributaries all tend to reduce the effective recharge to the unit.

Stone et al., 1983, Hydrogeology and Water Resources of the San Juan Basin, New Mexico: Socorro, New Mexico Bureau of Mines and Mineral Resources Hydrologic Report 6, 70 p.

## Burlington Resources Oil & Gas Company, LP San Juan Basin Below Grade Tank Design and Construction

In accordance with NMAC 19.15.17 the following information describes the design and construction of below grade tanks on Burlington Resources Oil & Gas Company, LP (BR) locations. This is BR's standard procedure for all below grade tanks (BGT). A separate plan will be submitted for any BGT which does not conform to this plan.

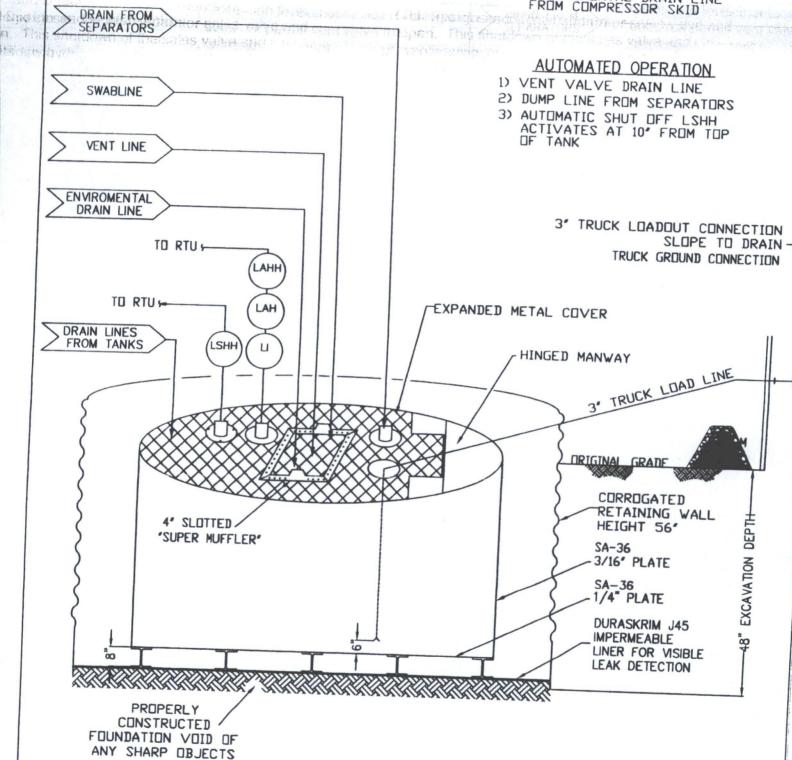
### General Plan:

- BR will design and construct a properly sized and approved BGT which will contain liquids and should prevent contamination of fresh water to protect the public health and environment.
- BR signage will comply with 19.15.3.103 NMAC when BR is the operator. If BR is not the operator it will comply with 19.15.17.11NMAC. BR includes Emergency Contact information on all signage.
- 3. BR has approval to use alternative fencing that provides better protection. BR constructs fencing around the BGT using 4 foot hog wire fencing topped with two strands of barbed wire, or with a pipe top rail. A six foot chain link fence topped with three strands of barbed wire will be use if the well location is within 1000 feet of permanent residence, school, hospital, institution or church. BR ensures that all gates associated with the fence are closed and locked when responsible
- 4. BR will construct a screened, expanded metal covering, on the top of the BGT.
- BR shall ensure that a below-grade tank is constructed of materials resistant to the below-grade tank's particular contents and resistant to damage from sunlight as shown on design drawing and specification sheet.
- The BR below-grade tank system shall have a properly constructed foundation
  consisting of a level base free of rocks, debris, sharp edges or irregularities to
  prevent punctures, cracks or indentations of the liner or tank bottom as shown on
  design drawing.
- 7. BR shall operate and install the below-grade tank to prevent the collection of surface water run-on. BR has built in shut off devices that do not allow a belowgrade tank to overflow. BR constructs berms and corrugated retaining walls at least 6" above ground to keep from surface water run-on entering the below grade tank as shown on the design plan.
- 8. BR will construct and use a below-grade tank that does not have double walls. The below-grade tank's side walls will be open for visual inspection for leaks, the below-grade tank's bottom is elevated a minimum of six inches above the underlying ground surface and the below-grade tank is underlain with a geomembrane liner to divert leaked liquid to a location that can be visually inspected.

- 9. BR has equipped the below-grade tanks with the ability to detect high level in the tank and provide alarm notification and shutdown process streams into the tank. Once high level is detected RTU logic closes the inlet separator sales valve and does not permit vent valve to open. This shutdown of the sales valve and gagging of the vent valves prevents any hydrocarbon process streams from entering the pit tank once a high level is detected. Furthermore, an electronic "Water-Hauling" Company indicating a high level and that action must be taken to address this alarm. The environmental drain line from BR's compressor skid under normal operating conditions is in the open position. The environmental drain line is in place to capture any collected rain water or spilled lubricants from our compressor skids. The swab drain line is a manually operated drain and by a manually operated drain and during normal operations it is in the closed position.
  - 10. The geomembrane liner consists of a 45-mil flexible LLDPE material manufactured by Raven Industries as J45BB. This product is a four layer reinforced laminated containing no adhesives. The outer layers consist of a high strength polyethylene film manufactured using virgin grade resins and stabilizers for UV resistance in exposed applications. The J45BB is reinforced with 1300 denier (minimum) tri-directional scrim reinforcement. It exceeds ASTMD3083 standard by 10%. J45BB has a warranty for 20 years from Raven Industries and is attached. It is typically used in Brine Pond, Oilfield Pit liner and other industrial applications. The manufacture specific sheet is attached and the design attached displays the proper installation of the liner.
  - The general specification for design and construction are attached in the BR document.

## .ANUAL OPERATION

- 1) PRODUCTION TANKS DRAINLINE
- 2) SWABLINE DRAIN LINE
- 3) ENVIROMENTAL DRAIN LINE FROM COMPRESSOR SKID



## ConocoPhillips

San Juan Business Unit

PRODUCED WATER PIT TANK OPEN TOP GRAVITY FLOW TANK INTERNALLY COATED WITH 12-14 MILS AMERON AMERCOAT 385

## DURA-SKRIM®

## 130. 136 a 145

| PROPERTIES                                      | TEST METHOD |                          | 130BB                    | J                        | 36B <b>B</b>             | F. 17 1                  | 45BB                     |
|-------------------------------------------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A                                               |             | Min. Roll<br>Averages    | Typical Roll<br>Averages | Min. Roll<br>Averages    | Typical Roll<br>Averages |                          | Typical Ro               |
| Appearance                                      |             | Bla                      | Black/Black              |                          | ck/Black                 |                          | Averages<br>k/Black      |
| Thickness                                       | ASTM D 5199 | 27 mil                   | 30 mil                   | 32 mil                   | 36 mil                   |                          |                          |
| Weight Lbs Per MSF<br>(oz/yd²)                  | ASTM D 5261 | 126 lbs<br>(18.14)       | 140 lbs<br>(20.16)       | 151 lbs<br>(21.74)       | 168 lbs                  | 40 mil                   | 45 mil 210 lbs           |
| Construction                                    |             |                          |                          |                          | (24.19)                  | (27.21)                  | (30.24)                  |
| Ply Adhesion                                    | ASTM D 413  | 10.11                    | trusion laminate         | with encapsul            | ated tri-directio        | nal scrim reinfo         | rcement                  |
|                                                 | 701410413   | 16 lbs                   | 20 lbs                   | 19 lbs                   | 24 lbs                   | 25 lbs                   | 31 lbs                   |
| 1* Tensile Strength                             | ASTM D 7003 | 88 lbf MD<br>63 lbf DD   | 110 lbf MD<br>79 lbf DD  | 90 lbf MD<br>70 lbf DD   | 113 lbf MD<br>87 lbf DD  | 110 lbf MD<br>84 lbf DD  | 138 lbf MD<br>105 lbf DD |
| 1" Tensile Elongation @<br>Break % (Film Break) | ASTM D 7003 | 550 MD<br>550 DD         | 750 MD<br>750 DD         | 550 MD<br>550 DD         | 750 MD<br>750 DD         | 550 MD<br>550 DD         | 750 MD                   |
| 1" Tensile Elongation @<br>Peak % (Scrim Break) | ASTM D 7003 | 20 MD<br>20 DD           | 33 MD<br>33 DD           | 20 MD<br>20 DD           | 30 MD<br>31DD            | 20 MD<br>20 DD           | 36 MD<br>36 DD           |
| Tongue Tear Strength                            | ASTM D 5884 | 75 lbf MD<br>75 lbf DD   | 97 lbf MD<br>90 lbf DD   | 75 lbf MD<br>75 lbf DD   | 104 lbf MD<br>92 lbf DD  | 100 lbf MD<br>100 lbf DD | 117 lbf MD<br>118 lbf DD |
| Grab Tensile                                    | ASTM D 7004 | 180 lbf MD<br>180 lbf DD | 218 lbf MD<br>210 lbf DD | 180 lbf MD<br>180 lbf DD | 222 lbf MD<br>223 lbf DD | 220 lbf MD<br>220 lbf DD | 257 lbf MD<br>258 lbf DD |
| Trapezoid Tear                                  | ASTM D 4533 | 120 lbf MD<br>120 lbf DD | 146 lbf MD<br>141 lbf DD | 130 lbf MD<br>130 lbf DD | 189 lbf MD<br>172 lbf DD | 160 lbf MD<br>160 lbf DD | 193 lbf MD<br>191 lbf DD |
| * Dimensional Stability                         | ASTM D 1204 | <1                       | <0.5                     | <1                       | <0.5                     |                          |                          |
| Puncture Resistance                             | ASTM D 4833 | 50 lbf                   | 64 lbf                   |                          |                          | <1                       | <0.5                     |
| Maximum Use Temperature                         |             |                          |                          | 65 lbf                   | 83 lbf                   | 80 lbf                   | 99 lbf                   |
| Minimum Use Temperature                         |             | 180° F                   |
| D = Machine Direction                           |             | -70° F                   |

MD = Machine Direction
DD = Diagonal Directions



Note: Minimum Roll Averages are set to take into account product variability in addition to testing variability between laboratories.

\*Dimensional Stability Maximum Value

\*\*DURA-SKRIM J30BB, J36BB & J45BB are a four layer reinforced laminate containing no adhesives. The outer layers consist of a high strength polyethylene film manufactured using virgin grade resins and stabilizers for UV resistance in exposed applications. DURA-SKRIM J30BB, J36BB & J45BB are reinforced with a 1300 denier (minimum) tri-directional scrim

Note: RAVEN INDUSTRIES MAKES NO WARRANTIES AS TO THE FITNESS FOR A SPECIFIC USE OR MERCHANTABILITY OF PRODUCTS REFERRED TO, no guarantee of satisfactory results from reliance upon contained information or recommendations and displaying loss or damage.

## PLANT LOCATION

Sioux Falls, South Dakota

## SALES OFFICE

P.O. Box 5107 Sioux Falls, SD 57117-5107 (605) 335-0174 (605) 331-0333 FAX **800-635-3456** 

08/06

RAVEN

## RAVEN INDUSTRIES INC. EXPOSED GEOMEMBRANE LIMITED WARRANTY

Rayen Industries Inc. warrants Dura-Skrim J30BB, J36BB, and J45BB to be free from manufacturing defects and to be able to withstand normal exposure to sunlight for a period of 20 years from the date of sale for normal use in approved applications in the U.S. and Canada, excluding Hawaii. This warranty is effective for products sold and shipped from January 1, 2008 to December 31, 2008. These dates will be updated prior to December 31, 2008.

This Limited Warranty does not include damages or defects in the Raven geomembrane resulting from acts of God, casualty or catastrophe including but not limited to: earthquakes, floods, piercing hail, or tornadoes. The term "normal use" as used herein does not include, among other things improper handling during transportation, unloading, storage or installation, the exposure of Raven geomembranes to harmful chemicals, atypical atmospheric conditions, abuse of Raven geomembranes by machinery, equipment or people; improper site preparation or covering materials, excessive pressures or stresses from any source or improper application or installation. Raven geomembrane material warranty is intended for commercial use only and is not in effect for the consumer as defined in the Magnuson Moss Warranty or any similar federal, state, or local statues. The parties expressly agree

Should defects or premature loss of use within the scope of the above Limited Warranty occur, Raven Industries Inc. will, at its option, repair or replace the Raven geomembrane on a pro-rata basis at the then current price in such manner as to charge the Purchaser/User only for that portion of the warranted life which has elapsed since purchase of the material. Raven Industries Inc. will have the right to inspect and determine the cause of any alleged defect in the Raven geomembrane and to take appropriate steps to repair or replace the Raven geomembrane if a defect exists which is covered under this warranty. This Limited Warranty extends only to Raven's geomembrane, and does not extend to the installation service of third parties nor does it extend to materials furnished or installed by others in connection with the intended use of the Raven geomembranes.

Any claim for any alleged breach of this warranty must be made in writing, by certified mail, to the General Manager of Engineered Films Division of Raven Industries Inc. within ten (10) days of becoming aware of the alleged defect. Should the required notice not be given, the defect and all warranties are waived by the Purchaser, and Purchaser shall not have any rights under this warranty. Raven Industries Inc. shall not be obligated to perform repairs or replacements under this warranty unless and until the area to be replacement of Raven geomembrane to be free from all water, dirt, sludge, residuals and liquids of any kind. If after inspection it is associated with the site inspection.

In the event the exclusive remedy provided herein fails in its essential purpose, and in that event only, the Purchaser shall be entitled to a return of the purchase price for so much of the material as Raven Industries Inc. determines to have violated the warranty provided herein. Raven Industries Inc. shall not be liable for direct, indirect, special, consequential or incidental damages resulting from a breach of this warranty including, but not limited to, damages for loss of production, lost profits, personal injury or property damage. Raven Industries Inc. shall not be obligated to reimburse Purchaser for any repairs, replacement, modifications or alterations made by Purchaser unless Raven Industries Inc. specifically authorized, in writing, said repairs, replacements, modifications or alteration in advance of them having been made. Raven Industry's liability under this warranty shall in no event exceed the replacement cost of the material sold to the Purchaser for the particular installation in which it failed.

Raven Industries Inc. neither assumes nor authorizes any person other than the undersigned of Raven Industries Inc. to assume for it any other or additional liability in connection with the Raven geomembrane made on the basis of the Limited Warranty. The Limited Warranty on the Raven geomembrane herein is given in lieu of all other possible material warranties, either expressed or implied, and by accepting delivery of the material; Purchaser waives all other possible warranties, except those specifically given. This Limited Warranty may only be modified by written document mutually executed by Owner and Raven Industries Inc.

Limited Warranty is extended to the purchaser/owner and is non-transferable and non-assignable; i.e., there are no third-party beneficiaries to this warranty.

Purchaser acknowledges by acceptance that the Limited Warranty given herein is accepted in preference to any and other possible materials warranties.

THIS LIMITED WARRANTY SHALL BE GOVERNED BY SOUTH DAKOTA LAW AND VENUE FOR ALL LEGAL PROCEEDINGS IN CONNECTION WITH THIS LIMITED WARRANTY SHALL BE IN MINNEHAHA COUNTY, SOUTH DAKOTA. RAVEN INDUSTRIES INC. MAKES NO WARRANTY OF ANY KIND OTHER THAN THAT GIVEN ABOVE AND HEREBY DISCLAIMS ALL WARRANTIES, BOTH EXPRESSED OR IMPLIED, OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. THIS IS THE ONLY WARRANTY THAT APPLIES TO THE MATERIALS REFERRED TO HEREIN AND RAVEN INDUSTRIES INC. DISCLAIMS ANY LIABILITY FOR ANY WARRANTIES GIVEN BY ANY OTHER PERSON OR ENTITY, EITHER WRITTEN OR ORAL.

RAVEN INDUSTRIES' WARRANTY BECOMES AN OBLIGATION OF RAVEN INDUSTRIES INC. TO PERFORM UNDER THE WARRANTY ONLY UPON RECEIPT OF FINAL PAYMENT AND EXECUTION BY A DULY AUTHORIZED OFFICER OF RAVEN INDUSTRIES INC.

# San Juan Basin Below Grade Tank Maintenance and Operating Plan

In accordance with Rule 19.15.17 the following information describes the operation and maintenance of Below Grade Tank (BGT) on Burlington Resources Oil & Gas Company, LP (BR) locations. This is BR's standard procedure for all BGT. A separate plan will be submitted for any BGT which does not conform to this plan.

### General Plan:

- 1. BR will operate and maintain a BGT to contain liquids and solids and maintain the integrity of the liner, liner system and secondary containment system to prevent contamination of fresh water and protect public health and environment. BR will accomplish this by performing an inspection on a monthly basis, installing cathodic protection, and automatic overflow shutoff devices as seen on the design plan.
- 2. BR will not discharge into or store any hazardous waste in the BGT.
- 3. BR shall operate and install the below-grade tank to prevent the collection of surface water run-on. BR has built in shut off devices that do not allow a belowleast 6" above ground to keep from surface water run-on entering the below grade tank as shown on the design plan.
- 4. As per 19.17.15.12 Subsection D, Paragraph 3, BR will inspect the below-grade tank at least monthly reviewing several items which include 1) containment berms adequate and no oil present, 2) tanks had no visible leaks or sign of corrosion, 3) tank valves, flanges, and hatches had no visible leaks and 4) no evidence of significant spillage of produced liquids. In addition, BR's multi-skilled operators (MSOs) are required to visit each well location once per week. If detected on either inspection, BR shall remove any visible or measurable layer of oil from the fluid surface of a below-grade tank in an effort to prevent significant accumulation of oil overtime. The written record of the monthly inspections will include the items listed above and will be maintained for five years.
- BR shall require and maintain a 10" adequate freeboard to prevent overtopping of the below-grade tank.
- 6. If the below grade tank develops a leak, or if any penetration of the pit liner or below grade tank, occurs below the liquid's surface, then BR shall remove all liquid above the damage or leak line within 48 hours. BR shall notify the appropriate district office. BR shall repair or replace the pit liner or below grade tank, within 48 hours of discovery. If the below grade tank or pit liner does not demonstrate integrity, BR shall promptly remove and install a below grade tank or pit liner that complies with Subsection I of 19.15.17.11 NMAC. BR shall notify the appropriate district office of a discovery of leaks less than 25 barrels as required pursuant to Subsection B of 19.15.3.116 NMAC shall be reported within twenty-four (24) hours of discovery of leaks greater than 25 barrels. In addition, immediate verbal notification pursuant to Subsection B, Paragraph (1), and Subparagraph (d) of 19.15.3.116 NMAC shall be reported to the division's Environmental Bureau Chief.

## Burlington Resources Oil & Gas Company, LP San Juan Basin Below Grade Tank Closure Plan

In accordance with Rule 19.15.17.13 NMAC the following information describes the closure requirements of Below Grade Tanks (BGTs) on Burlington Resources Oil & Gas Company, LP locations hereinafter known as BR locations. This is BR's standard procedure for all BGTs. A separate plan will be submitted for any BGT which does not conform to this plan.

## General Requirements:

- 1. BR shall close a below-grade tank within the time periods provided in Subsection A of 19.15.17.13 NMAC. This will include a) below-grade tanks that do not meet the requirements of Paragraphs (1) through (4) of Subsection I of 19.15.17.11 NMAC or is not included in Paragraph (5) of Subsection I of f19.15.17.11 NMAC within five years, if NMAC; b) permitted to comply with Paragraphs (1) through (4) of Subsection I of 19.15.17.11 tank's operation., or c) an earlier date that the division requires because of imminent danger to fresh water, public health or the environment. For any closure, BR will file
- 2. BR shall remove liquids and sludge from a below-grade tank prior to implementing a closure method and shall dispose of the liquids and sludge in a division-approved facility. The facilities to be used will be Basin Disposal (Permit #NM-01-005) and Envirotech Land Farm (Permit #NM-01-011). The liner after being cleaned well (Subsection D, Paragraph 1, Subparagraph (m) of 19.15.9.712 NMAC) will be disposed of at the San Juan County Regional Landfill located on CR 3100.
- 3. BR will receive prior approval to remove the below-grade tank and dispose of it in a division-approved facility or recycle, reuse, or reclaim it in a manner that the appropriate division district office approves. Documentation of how the below-grade tank was disposed of or recycled will be provided in the closure report.
- If there is any on-site equipment associated with a below-grade tank, then BR shall remove the equipment, unless the equipment is required for some other purpose.
- 5. BR shall test the soils beneath the below-grade tank to determine whether a release has occurred. BR shall collect, at a minimum, a five point, composite sample; collect individual grab samples from any area that is wet, discolored or showing other evidence of a release; and analyze for BTEX, TPH and chlorides to demonstrate that the benzene concentration, as determined by EPA SW-846 methods 8021B or 8260B or other EPA method that the division approves, does not exceed 0.2 mg/kg; or other EPA method that the division approves, does not exceed 50 mg/kg; the TPH division approves, does not exceed 50 mg/kg; the TPH division approves, does not exceed 100 mg/kg; and the chloride concentration, as determined by EPA method 418.1 or other EPA method that the division approves, does not exceed 100 mg/kg; and the chloride concentration, as determined by EPA method 300.1 or other EPA method that the division approves, does not exceed 250 mg/kg, or the background concentration, whichever is greater.
- If BR or the division determines that a release has occurred, then BR shall comply with 19.15.3.116 NMAC and 19.15.1.19 NMAC, as appropriate.

- 7. If the sampling program demonstrates that a release has not occurred or that any release does not exceed the concentrations specified in Paragraph (4) of Subsection E of 19.15.17.13 NMAC, then BR shall backfill the excavation with compacted, nonwaste containing, earthen material; construct a division-prescribed soil cover; recontour and re-vegetate the site.
- 8. Notice of Closure will be given prior to closure to the Aztec Division office between 72 hours and one week via email or verbally. The notification of closure will include
  - i. Operator's name
  - ii. Location by Unit Letter, Section, Township, and Range. Well name and API number.
- 9. The surface owner shall be notified of BR's closing of the below-grade tank prior to closure as per the approved closure plan via certified mail, return receipt requested.
- 10. Re-contouring of location will match fit, shape, line, form and texture of the surrounding. Re-shaping will include drainage control, prevent ponding, and prevent erosion. Natural drainages will be unimpeded and water bars and/or silt traps will be place in areas where needed to prevent erosion on a large scale. Final re-contour shall have a uniform appearance with smooth surface, fitting the natural landscape.
- 11. BR shall seed the disturbed areas the first growing season after the operator closes the pit. Seeding will be accomplished via drilling on the contour whenever practical or by other division-approved methods. BLM stipulated seed mixes will used on federally jurisdicted lands and division-approved seed mixtures (administratively approved if required) will be utilized on all State or private lands. Vegetative cover will equal 70% of the native perennial vegetative cover (un-impacted) consisting of at least three native plant species, including at least one grass, but not including noxious weeds, and maintain that cover through two successive growing seasons. If alternate seed mix is required by the state, private owner or tribe, it will be implemented with administrative approval if needed. BR will repeat seeding or planting will be continued until successful vegetative growth occurs.
- 12. A minimum of four feet of cover shall be achieved and the cover shall include one foot of suitable material to establish vegetation at the site, or the background thickness of topsoil, whichever is greater.
- 13. All closure activities will include proper documentation and be available for review upon request and will be submitted to OCD within 60 days of closure of the belowgrade tank. Closure report will be filed on C-144 and incorporate the following:
  - Soil Backfilling and Cover Installation
  - Re-vegetation application rates and seeding techniques
  - Photo documentation of the site reclamation
  - Confirmation Sampling Results
  - Proof of closure notice

<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division** 1220 S. St Francis Dr. **Santa Fe, NM 87505** 

QUESTIONS

Action 21158

#### **QUESTIONS**

| Operator:              | OGRID:                                         |
|------------------------|------------------------------------------------|
| HILCORP ENERGY COMPANY | 372171                                         |
| 1111 Travis Street     | Action Number:                                 |
| Houston, TX 77002      | 21158                                          |
|                        | Action Type:                                   |
|                        | [C-144] Legacy Below Grade Tank Plan (C-144LB) |

#### QUESTIONS

| Facility and Ground Water                                                                                                                              |                          |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|--|--|
| Please answer as many of these questions as possible in this group. More information will help us identify the appropriate associations in the system. |                          |  |  |  |  |
| Facility or Site Name                                                                                                                                  | San Juan 30-6 Unit 144   |  |  |  |  |
| Facility ID (f#), if known                                                                                                                             | Not answered.            |  |  |  |  |
| Facility Type                                                                                                                                          | Below Grade Tank - (BGT) |  |  |  |  |
| Well Name, include well number                                                                                                                         | San Juan 30-6 Unit 144   |  |  |  |  |
| Well API, if associated with a well                                                                                                                    | 30-039-26132             |  |  |  |  |
| Pit / Tank Type                                                                                                                                        | Not answered.            |  |  |  |  |
| Pit / Tank Name or Identifier                                                                                                                          | Not answered.            |  |  |  |  |
| Pit / Tank Opened Date, if known                                                                                                                       | Not answered.            |  |  |  |  |
| Pit / Tank Dimensions, Length (ft)                                                                                                                     | Not answered.            |  |  |  |  |
| Pit / Tank Dimensions, Width or Diameter (ft)                                                                                                          | Not answered.            |  |  |  |  |
| Pit / Tank Dimensions, Depth (ft)                                                                                                                      | Not answered.            |  |  |  |  |
| Ground Water Depth (ft)                                                                                                                                | 521                      |  |  |  |  |
| Ground Water Impact                                                                                                                                    | No                       |  |  |  |  |
| Ground Water Quality (TDS)                                                                                                                             | Not answered.            |  |  |  |  |

| Below-Grade Tank                                                      |                |  |  |
|-----------------------------------------------------------------------|----------------|--|--|
| Subsection I of 19.15.17.11 NMAC                                      |                |  |  |
| Volume / Capacity (bbls)                                              | 120            |  |  |
| Type of Fluid                                                         | Produced Water |  |  |
| Pit / Tank Construction Material                                      | Steel          |  |  |
| Secondary containment with leak detection                             | Not answered.  |  |  |
| Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off | True           |  |  |
| Visible sidewalls and liner                                           | Not answered.  |  |  |
| Visible sidewalls only                                                | Not answered.  |  |  |
| Tank installed prior to June 18. 2008                                 | Not answered.  |  |  |
| Other, Visible Notation. Please specify                               | Not answered.  |  |  |
| Liner Thickness (mil)                                                 | 45             |  |  |
| HDPE (Liner Type)                                                     | Not answered.  |  |  |
| PVC (Liner Type)                                                      | Not answered.  |  |  |
| Other, Liner Type. Please specify (Variance Required)                 | LLDPE          |  |  |

| Fencing                                                                                                                                                                    |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Subsection D of 19.15.17.11 NMAC (Applies to permanent pits, temporary pits, and below-g                                                                                   | rade tanks)                                             |
| Chain link, six feet in height, two strands of barbed wire at top (Required if located within 1000 feet of a permanent residence, school, hospital, institution or church) | Not answered.                                           |
| Four foot height, four strands of barbed wire evenly spaced between one and four feet                                                                                      | Not answered.                                           |
| Alternate, Fencing. Please specify (Variance Required)                                                                                                                     | 4' hog wire fencing topped with two strands barbed wire |

| Netting                                                                                   |               |  |
|-------------------------------------------------------------------------------------------|---------------|--|
| Subsection E of 19.15.17.11 NMAC (Applies to permanent pits and permanent open top tanks) |               |  |
| Screen                                                                                    | True          |  |
| Netting                                                                                   | Not answered. |  |
| Other, Netting. Please specify (Variance May Be Needed)                                   | Not answered. |  |

| Signs                                                                                                                                                                     |               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|
| Subsection C of 19.15.17.11 NMAC (If there are multiple operators at a site, each operator must have their own sign in compliance with Subsection C of 19.15.17.11 NMAC.) |               |  |
| 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers                                                                         | Not answered. |  |
| Signed in compliance with 19.15.16.8 NMAC                                                                                                                                 | True          |  |

| Variances and Exceptions                                                                                                                                                                           |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Justifications and/or demonstrations ofequivalency are required. Please refer to 19.15.17 NMAC for guidance.  Please check a box if one or more of the following is requested, if not leave blank: |               |
| Variance(s): Requests must be submitted to the appropriate division district for consideration of approval.                                                                                        | True          |
| Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval                                                                                 | Not answered. |

#### Siting Criteria (regarding permitting)

19.15.17.10NMAC

Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable source material are provided below. Siting criteria does not apply to drying pads or above-grade tanks.

| Siting Criteria, General Siting                                                                        |               |
|--------------------------------------------------------------------------------------------------------|---------------|
| Ground water is less than 25 feet below the bottom of a low chloride temporary pit or below-grade tank |               |
| NM Office of the State Engineer - iWATERS database search                                              | True          |
| USGS                                                                                                   | Not answered. |
| Data obtained from nearby wells                                                                        | Not answered. |

| Siting Criteria, Below Grade Tanks                                                                                                                                     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Within 100 feet of a continuously flowing watercourse, significant watercourse, lake bed, sinkhole, wetland or playa lake (measured from the ordinary high-water mark) | No |
| Within 200 horizontal feet of a spring or a fresh water well used for public or livestock consumption                                                                  | No |

| Proposed Closure Method                                      |                          |  |
|--------------------------------------------------------------|--------------------------|--|
| Below-grade Tank                                             | Below Grade Tank - (BGT) |  |
| Waste Excavation and Removal                                 | True                     |  |
| Alternate Closure Method. Please specify (Variance Required) | Not answered.            |  |

| Operator Application Certification |            |
|------------------------------------|------------|
| Registered / Signature Date        | 12/22/2008 |

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ACKNOWLEDGMENTS

Action 21158

#### **ACKNOWLEDGMENTS**

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|------------------------|------------------------------------------------|
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| 1111 Travis Street     | Action Number:                                 |
| Houston, TX 77002      | 21158                                          |
|                        | Action Type:                                   |
|                        | [C-144] Legacy Below Grade Tank Plan (C-144LB) |

#### **ACKNOWLEDGMENTS**

| ) | I acknowledge that I have received prior approval from the OCD to submit documentation of a legacy below-grade tank on behalf of my operator.  |  |
|---|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| П | l hereby certify that the information submitted with this documentation is true, accurate and complete to the best of my knowledge and belief. |  |

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CONDITIONS

Action 21158

#### **CONDITIONS**

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| HILCORP ENERGY COMPANY | 372171                                         |
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|                        | Action Type:                                   |
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#### CONDITIONS

| Created By | Condition | Condition Date |
|------------|-----------|----------------|
| cwhitehead | None      | 8/9/2021       |